

**Center for Care Innovations**  
**Addiction Treatment Starts Here: Behavioral Health**  
Program Evaluation: Executive Summary  
September 2020  
Evaluation conducted by Signal Key Consulting

In June 2019, teams from seven California behavioral health provider organizations began their work in the first-ever Center for Care Innovations (CCI) program **Addiction Treatment Starts Here: Behavioral Health (ATSH:BH)**. CCI's goals for the program included its own learning as a technical assistance organization: Which strategies work best to improve access to MAT in the range of behavioral health services represented by these teams? Which models of care work best within and between organizations? What types of technical assistance offerings are most useful to behavioral health providers developing MAT programs?

At the beginning of the program, three of the seven organizations were providing medications for addiction treatment (MAT) for a small number of clients. The rest were starting from zero. Program growth has been steady when the teams are measured as a group: from 5 active prescribers of MAT in June 2019, to 14 in August 2020; and a nearly five-fold increase in number of MAT clients, from 80 in June 2019 to almost 400 in August 2020. The growth in MAT service capacity and client volume varied widely among these teams. Some teams saw dramatic program growth; one team was able to reach nearly 300 clients by program end, and to use its MAT program growth to fuel expansion to two brand new clinic sites. Two teams were unable to initiate MAT for any clients despite steady progress in developing infrastructure and relationships for MAT, and doing so across multiple partner organizations in both cases.

The teams that succeeded in building and growing their MAT programs through ATSH:BH were those that either already had, or were able to create through their ATSH:BH work, these basic capacities and conditions:

- One or more x-waivered prescribers who were active in providing MAT care
- Referral relationships, to find and engage eligible clients for MAT and to coordinate other care and services needed
- A treatment culture that accepts and values the treatment of addiction with medication
- A funding mechanism, whether that be Medi-Cal reimbursement for FQHCs, or through specific contracts to provide mental health services or substance use disorder services.

The sudden and sweeping changes required by the COVID-19 pandemic started in March, just as many teams were hitting their stride in team performance and systems in their growing MAT programs. The operations and growth strategies of the teams evolved quickly, with all five teams that were providing MAT care in March moving some or most of their encounters (and for at least one team, medication starts for new clients) to video and phone visits which they want to continue long-term. The ATSH:BH program itself moved all remaining program events

online when the COVID-19 pandemic began. Teams reported continued satisfaction with the program supports, though some wished at the end for more dedicated time to learn from the other program teams.

There are many lessons from ATSH:BH that apply to individual organizations that deliver different types of behavioral health care services, and for organizations like CCI that seek to provide technical assistance and/or funding to expand these services to these types of organizations. Main themes for these include the following:

- Ensure organizational readiness, particularly where MAT is a new service.
- Develop MAT capacity in-house as the main strategy to increase access, as opposed to identifying eligible patients and referring them out for MAT prescribing and co-management.
- Support culture change across the whole organization, particularly when the treatment models and culture do not align with providing medications to treat addiction.
- Approach MAT like a type of behavioral health integration. This work is integration of different types of behavioral health care, as well as integration with primary care for physical health.
- Consider a cross-organization partnership approach, to enlist and orchestrate the many entities required to start and build a MAT program. Each agency or organization in the behavioral health ecosystem has a role to play to increase access and help establish a sustainable model for funding and operations.

### **Representative and Inspiring Reflections from ATSH:BH Participants**

Quotes from teams' reports about their progress and program experience were popular parts of the quarterly evaluation reports provided by Signal Key to CCI. To continue that, quotes from written reports and evaluation interviews with four teams are provided here as an unscientific snapshot of lessons and reflections at program end.

*“Staff were immediately on board when they saw the patients' quick recovery. They saw that patients are even more grateful than other patients for the services.”*

*“Case management is how we help with needs, and address barriers to services. We did have clients who disappeared from sight during lockdown, but we have been able to get back in touch and bring them back into the fold.”*

*“We have that continuum from ‘We don't do substance treatment’ to ‘Yes, of course’ and (we are) moving to that side of continuum.”*

*“This project started in specialty mental health, but engaging primary care and Integrated Behavioral Health has been profound.”*

“The benefits of having clients share their experiences with MAT has helped to break down those cultural and role barriers in staff's minds. We have also come to understand that MAT services are not for every client.”

“I saw our team use IMAT results to make changes right away and use IMAT to set SMART Goals. We want to continue to do that as a team quarterly.”